



**APPLICATION**  
for a  
**TRANSFER STATION PERMIT**

For Department Use Only

**ALABAMA DEPARTMENT  
OF PUBLIC HEALTH**

\_\_\_\_\_ County Health Dept.

\_\_\_\_\_ County Health Dept. ID No.

\_\_\_\_\_ Date Received

\_\_\_\_\_ Date Permit Issued

**TO BE COMPLETED AND SIGNED BY THE APPLICANT**

1. \_\_\_\_\_ Initial Application \_\_\_\_\_ Permit Modification  
\_\_\_\_\_ Permit Renewal \_\_\_\_\_ Facility Modification

2. Facility Name \_\_\_\_\_

Facility Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

3. Owner/ Proprietor Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

4. Manager/ Operator Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

5. Days and Hours of Operation \_\_\_\_\_

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6. List all waste types that will be accepted and their point of generation.

**Generator/ Community**

**Waste Type**

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7. List facilities which have agreed to accept waste managed through the transfer station and the type of waste each facility has agreed to accept.

**Facility Name**

**Address**

**Waste Type**

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8. Anticipated volume of waste to be managed through the facility on a daily basis.

\_\_\_\_\_ tons per day

9. In case of equipment failure or work-stoppage, waste received at this facility will be diverted to:

**Facility Name**

**Address**

**Waste Type**

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- 10 The following persons/communities/collection operations are authorized to use the facility.

**Name**

**Location**


I hereby certify that the above statements are true and correct, and I (we) agree to comply with all of the applicable provisions of Chapter 420-3-5 Rules of the State Board of Health and hereby agree to allow representatives of the County and State Boards of Health to inspect the transfer station facility and any equipment associated with the operation and maintenance of the facility. I (we) agree to keep adequate records and make them available to health personnel upon request, and to notify the County and State Board of Health of any changes to the information listed above.

Signature of Applicant \_\_\_\_\_

Representing \_\_\_\_\_

Date \_\_\_\_\_

Notary Public \_\_\_\_\_

Date Notarized \_\_\_\_\_

Please submit this application with all attachments and documentation to the local health department.

Before submitting an application to the health department for a new facility or a modification to an existing facility, you must receive documented approval from the local governing body.

If this is for a new facility or a modification to an existing facility, a copy of the complete application package should also be sent to Attn: Solid Waste Branch, Division of Community Environmental Protection, 201 Monroe Street, Suite 1250, P.O. Box 303017, Montgomery, Alabama 36130-3017.

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**TO BE COMPLETED BY ENGINEER**

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**For new facilities or modification to an existing facility or permit**

In preparing the request for the applicant's Transfer Station Permit for his proposed site for the transfer of solid waste, I have taken into consideration those requirements as found in Chapter 420-3-5, Solid Waste Collection and Transportation Rules, and have attached the following materials:

- \_\_\_\_\_ Site plan with required details
- \_\_\_\_\_ U.S. Geological Survey topo map with required details
- \_\_\_\_\_ Legal description of property
- \_\_\_\_\_ Boundary plat
- \_\_\_\_\_ Copies of property deed (easements, covenants)
- \_\_\_\_\_ List of setback distances (include buffer zones)
- \_\_\_\_\_ Presence of any protected natural resource, wetland, critical habitat
- \_\_\_\_\_ Source of water supply
- \_\_\_\_\_ Documentation – ADEM approval for waters management
- \_\_\_\_\_ List of maximum waste handling and storage capacities
- \_\_\_\_\_ List of access roads and their load limits
- \_\_\_\_\_ List of vehicle types to be used in conjunction with the operation and their load limits
- \_\_\_\_\_ Plan for vehicular flow
- \_\_\_\_\_ Facility maintenance plan
- \_\_\_\_\_ Approved fire prevention plan
- \_\_\_\_\_ Equipment failure back-up plan
- \_\_\_\_\_ Prohibited waste identification and notification plan (include attendant qualifications)
- \_\_\_\_\_ Verification of waste acceptance agreements

\_\_\_\_\_ Documentation – Alabama Historical Commission Approval

\_\_\_\_\_ Performance bond and estimates

\_\_\_\_\_ List of employee protective gear and it's use

\_\_\_\_\_ Supervisor/management qualifications

\_\_\_\_\_ Plan for record-keeping (example forms)

\_\_\_\_\_ Operation manual (instruction and availability)

I have attached materials requesting modifications in the areas indicated below.

\_\_\_\_\_ Buffer Zone reduction request

\_\_\_\_\_ Request for setback distance approval

\_\_\_\_\_ Temporary exemption request for construction improvements  
(address each Section from which an exemption is requested)

\_\_\_\_\_ Compliance plan (to be attached to exemption request)

\_\_\_\_\_ Request for approval to retain waste > 24 hours

\_\_\_\_\_ Permit modification – original permit application and attachments

**Signed** \_\_\_\_\_ **Registration No.** \_\_\_\_\_

**Date** \_\_\_\_\_